

## LIMITED AGRICULTURE PERMIT (CITY ONLY) APPLICATION

(PLEASE PRINT OR TYPE)

CITY OF MEDI	CINE PROPERTY ADDRESS					#LAF			
Property	Owner Information (include na	mes of all owr	ers where he	ns will be ke	ot)				
Name(s):					Best Phone #:				
Address:					Email:				
Is the pr	roperty owner the applicant?	Yes	No	Home Type: Single Family Town			use		
	nt Information (if different than p								
Name(s		Best Phone #(s):	,		Email(s):				
Propose	ed Use Information								
Number Of Hens (10 max.):		Coop Size (square feet):			Pen Size (square feet):				
Require	d Application Attachments (app	licant please ir	nitial beside a	Il items that a	are attached)				
Initials	Attachments								
	Application Fee: \$26.00. Make checks payable to "City of Durham." Starter checks and out-of-state personal								
	checks will not be accepted. Cash or credit card payments are accepted if submitted in person at City Hall.								
	Complete application with notarized signatures of all subject property owners, and signatures of all adult, non-								
	owner residents of the subject property. If ownership doesn't match tax records, proof/statement provided.								
	Mailing list with names and addresses of all adjacent: property owners; and adult, non-owner residents.								
	One copy of "Notice and Consent Form"; and copies of optional cover letters sent to owners and residents.								
	All returned "Notice and Consent Forms," with signatures of all property owners and names printed; or evidence of change of ownership if signed names don't match tax records.								
	Proofs of mailing for all "Notice and Consent Forms" sent to all adjacent property owners (all certified mail								
	receipts and all returned green cards).								
	Plot plan (11" x 17" maximum) showing:								
	• Title block labeled, "Limited Agriculture Permit Application for [name of applicant(s)] at [property address]"								
	A north arrow								
	Surrounding street or other rights-of-way names								
	Location of existing property lines and site improvements								
	Location of proposed pen and coop in relation to property lines and site improvements								

**Note:** If the proposed pen and/or coop require additional Planning approvals such as a Certificate of Appropriateness, Floodplain Development Permit, etc., those approvals must be obtained prior to the issuance of this Limited Agriculture Permit.

• Location and labels for Special Flood Hazard Areas or Future Conditions Flood Hazard Areas, stream buffers,

• Dimensions of the proposed pen and coop

steep slopes, Durham Inventory sites, etc.

• Names and addresses of adjacent property owners labeled

Location and labels on any utility lines/easements on the property

## All Property Owners and Applicants - Read & Initial Appropriate Box Below (both are required if not the same) Applicants' I (we) acknowledge that: **Initials** 1. I have read and understand Sec. 3.22, Limited Agriculture Permit (City Only), and paragraph 5.4.12, Limited Agriculture (City Only). 2. I will allow a Zoning Enforcement Officer, Inspections Officer, or Animal Control Officer to enter the premises for purposes of determining compliance with Limited Agriculture or accessory structure requirements or for Property animal control purposes. Owners' 3. I understand that this permit is not transferable to another person or location. Initials A Site Compliance Inspection of the built coop and pens must be requested within 180 days after the date of the permit issuance, or the Limited Agriculture Permit will be voided. I further understand that a violation of any applicable requirement will result in appropriate enforcement action including possible fines and revocation of this permit.

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of my (our) know considered comp voided.	signed, certi vledge, and a plete and val	fy that the informa acknowledge that a id. If the provided in	ll required inf nformation is	ed in this application is comp formation must be supplied s later discovered to be incor	for th	is appli	cation to be					
Applicant Signature(s):(If different from property owners; notarization is not required)												
Property Owner Signature(s)												
(All property owners signatures are required with notarization below)												
STATE OF NORTH	d CAROLINA COUNTY											
The undersigned, a Notary Public, certifies that personally appeared before me this day, and acknowledged to me that he/she/they voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.												
Date:	rte:, Notary Publi											
(Official Seal)	(Print Name) cial Seal) My commission expires:											
Submittal Instru	ıctions											
Please bring or mail your payment of \$26.00 with completed application and all required attachments to:  Customer Service Center, Durham City-County Planning Department, Suite G301, 101 City Hall Plaza, Durham, NC 27701. Please make your check payable to "City of Durham." Out of state and starter checks will not be accepted.  Cash or credit card payments are only accepted if submitted in person with your application at our City Hall location.  PLANNING DEPARTMENT USE ONLY												
Tracking Inform	nation (Staft		PLANNING DE	PARTMENT USE ONLY								
		PID:		PIN:			NOV on Use?	Υ	N			
Enforcement District:		Zoning:					COA Required:	Υ	N			
Date Rec'd:		Rec'd By:		Floodplain Permit Issued:	Υ	N	COA Issued:	Υ	N			
Staff Initials Info	rmation/For	ms Provided to App	licant Before	Submittal of Application, as	Appl	icable:						
Sec. 3.	22, Limited A	Agriculture Permit (	City Only)									
Sec. 5.	Sec. 5.4.12, Limited Agriculture (City Only)											
Copies	Copies of the following: Process overview, plot plan requirements, fencing interpretation (option)											
Adjoin	Adjoining property owners' names and contact information											
Blank "Notice and Consent Form"												
Administrative R	eview											
Administrative R (If 'Yes,' attach c	-	red: No  \( \) \\ leted Administrativ	Yes   re Review For	Date: m)		_ ¹	Гіте:					
Permit Approva	ıl											
Approved												
by Planning	Authorized	<i>I Signature</i> Date										
Department	Print Nam	_		If not inspected	d, exp	oires:			_			
Copy of Permit Provided to Applicant Date Sent:												

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